SENDER: CAMPLETE THIS SECTION OV-0042 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Jeffrey Deuta 3727 2mslc Avc. Comtr, 0 trys213 3. Service Type General Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 7001 2510 0008 L347 88 L6 PS Form 3811, August 2001 SSB Domestic Return Receipt 102595-02-M-0835	513 30 901 TA	RENOTE BOALS		
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